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CONFIRMATION NO. 8756

|                             |                                       |              |                        |                                      |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER<br>10/764,744 | FILING DATE<br>01/26/2004<br><br>RULE | CLASS<br>356 | GROUP ART UNIT<br>2877 | ATTORNEY DOCKET NO.<br>51094/GSL/E87 |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/450,033 02/26/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/30/2004

|   |                           |                        |                       |                            |
|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>NY | SHEETS<br>DRAWING<br>3 | TOTAL<br>CLAIMS<br>19 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                        |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____  |                           |                        |                       |                            |

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## TITLE

Color and intensity measuring module for test of light emitting components by automated test equipment

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>770 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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